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2002

MEDICARE CURRENT BENEFICIARY SURVEY
 Health Insurance

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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This file summarizes current health insurance information for each person who completed an interview.

RIC	1	1					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,697			LOW-HIGH BASEID Count
D_CARE1	12	1	\$MEDCOVG				C Medicare coverage - Jan
				351			0 No entitlement
				400			1 Part A only
				114			2 Part B only
				11,832			3 Both A and B
D_CAID1	13	1	\$SRC2FMT				C Source of Medicaid coverage status - Jan
				10,067			0 No entitlement
				383			1 Survey data only
				232			2 CMS administrative data only
				2,015			3 Both survey and administrative data
D_PHI1	14	1	\$PHIFMT				C Private health insurance coverage - Jan
				5,962			0 No entitlement
				3,097			1 Employer-sponsored insurance (ESI)
				2,967			2 Self-purchased
				509			3 Both ESI and self-purchased
				162			4 Facility respondent, type unknown
D_HMO1	15	1	\$HMOFMT				C HMO coverage - Jan
				10,086			0 No coverage
				938			1 Private coverage
				1,474			2 Medicare coverage
				199			3 Both Medicare and private coverage
D_OTH1	16	1	\$OTHFMT				C Number of other plans - Jan
				11,965			0 No other plans
				708			1 1 other plan
				22			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE2	17	1	\$MEDCOVG				C Medicare coverage - Feb
				381			0 No entitlement
				401			1 Part A only
				113			2 Part B only
				11,802			3 Both A and B
D_CAID2	18	1	\$SRC2FMT				C Source of Medicaid coverage status - Feb
				10,067			0 No entitlement
				391			1 Survey data only
				233			2 CMS administrative data only
				2,006			3 Both survey and administrative data

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D_PHI2	19	1	\$PHIFMT				C Private health insurance coverage - Feb
				5,951			0 No entitlement
				3,111			1 Employer-sponsored insurance (ESI)
				2,950			2 Self-purchased
				515			3 Both ESI and self-purchased
				170			4 Facility respondent, type unknown
D_HMO2	20	1	\$HMOFMT				C HMO coverage - Feb
				10,162			0 No coverage
				876			1 Private coverage
				1,490			2 Medicare coverage
				169			3 Both Medicare and private coverage
D_OTH2	21	1	\$OTHFMT				C Number of other plans - Feb
				11,948			0 No other plans
				724			1 1 other plan
				23			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE3	22	1	\$MEDCOVG				C Medicare coverage - Mar
				417			0 No entitlement
				398			1 Part A only
				113			2 Part B only
				11,769			3 Both A and B
D_CAID3	23	1	\$SRC2FMT				C Source of Medicaid coverage status - Mar
				10,075			0 No entitlement
				381			1 Survey data only
				240			2 CMS administrative data only
				2,001			3 Both survey and administrative data
D_PHI3	24	1	\$PHIFMT				C Private health insurance coverage - Mar
				5,951			0 No entitlement
				3,111			1 Employer-sponsored insurance (ESI)
				2,940			2 Self-purchased
				517			3 Both ESI and self-purchased
				178			4 Facility respondent, type unknown
D_HMO3	25	1	\$HMOFMT				C HMO coverage - Mar
				10,212			0 No coverage
				831			1 Private coverage
				1,519			2 Medicare coverage
				135			3 Both Medicare and private coverage
D_OTH3	26	1	\$OTHFMT				C Number of other plans - Mar
				11,943			0 No other plans
				729			1 1 other plan
				22			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE4	27	1	\$MEDCOVG				C Medicare coverage - Apr
				452			0 No entitlement
				398			1 Part A only
				112			2 Part B only
				11,735			3 Both A and B
D_CAID4	28	1	\$SRC2FMT				C Source of Medicaid coverage status - Apr
				10,076			0 No entitlement
				381			1 Survey data only
				251			2 CMS administrative data only
				1,989			3 Both survey and administrative data
D_PHI4	29	1	\$PHIFMT				C Private health insurance coverage - Apr
				5,975			0 No entitlement
				3,097			1 Employer-sponsored insurance (ESI)
				2,919			2 Self-purchased
				518			3 Both ESI and self-purchased
				188			4 Facility respondent, type unknown
D_HMO4	30	1	\$HMOFMT				C HMO coverage - Apr
				10,239			0 No coverage
				812			1 Private coverage
				1,532			2 Medicare coverage
				114			3 Both Medicare and private coverage
D_OTH4	31	1	\$OTHFMT				C Number of other plans - Apr
				11,938			0 No other plans
				733			1 1 other plan
				24			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE5	32	1	\$MEDCOVG				C Medicare coverage - May
				474			0 No entitlement
				395			1 Part A only
				112			2 Part B only
				11,716			3 Both A and B
D_CAID5	33	1	\$SRC2FMT				C Source of Medicaid coverage status - May
				10,072			0 No entitlement
				379			1 Survey data only
				254			2 CMS administrative data only
				1,992			3 Both survey and administrative data
D_PHI5	34	1	\$PHIFMT				C Private health insurance coverage - May
				5,973			0 No entitlement
				3,092			1 Employer-sponsored insurance (ESI)
				2,919			2 Self-purchased
				527			3 Both ESI and self-purchased
				186			4 Facility respondent, type unknown

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D_HMO5	35	1	\$HMOFMT				C HMO coverage - May
				10,257			0 No coverage
				802			1 Private coverage
				1,530			2 Medicare coverage
				108			3 Both Medicare and private coverage
D_OTH5	36	1	\$OTHFMT				C Number of other plans - May
				11,917			0 No other plans
				743			1 1 other plan
				34			2 2 other plans
				2			3 3 other plans
				1			4 4 other plans
D_CARE6	37	1	\$MEDCOVG				C Medicare coverage - Jun
				481			0 No entitlement
				403			1 Part A only
				113			2 Part B only
				11,700			3 Both A and B
D_CAID6	38	1	\$SRC2FMT				C Source of Medicaid coverage status - Jun
				10,056			0 No entitlement
				388			1 Survey data only
				264			2 CMS administrative data only
				1,989			3 Both survey and administrative data
D_PHI6	39	1	\$PHIFMT				C Private health insurance coverage - Jun
				5,960			0 No entitlement
				3,089			1 Employer-sponsored insurance (ESI)
				2,903			2 Self-purchased
				542			3 Both ESI and self-purchased
				203			4 Facility respondent, type unknown
D_HMO6	40	1	\$HMOFMT				C HMO coverage - Jun
				10,270			0 No coverage
				805			1 Private coverage
				1,514			2 Medicare coverage
				108			3 Both Medicare and private coverage
D_OTH6	41	1	\$OTHFMT				C Number of other plans - Jun
				11,913			0 No other plans
				743			1 1 other plan
				38			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
D_CARE7	42	1	\$MEDCOVG				C Medicare coverage - Jul
				495			0 No entitlement
				376			1 Part A only
				112			2 Part B only
				11,714			3 Both A and B

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D_CAID7	43	1	\$SRC2FMT				C Source of Medicaid coverage status - Jul
				10,046			0 No entitlement
				389			1 Survey data only
				261			2 CMS administrative data only
				2,001			3 Both survey and administrative data
D_PHI7	44	1	\$PHIFMT				C Private health insurance coverage - Jul
				5,931			0 No entitlement
				3,081			1 Employer-sponsored insurance (ESI)
				2,884			2 Self-purchased
				554			3 Both ESI and self-purchased
				247			4 Facility respondent, type unknown
D_HMO7	45	1	\$HMOFMT				C HMO coverage - Jul
				10,273			0 No coverage
				811			1 Private coverage
				1,509			2 Medicare coverage
				104			3 Both Medicare and private coverage
D_OTH7	46	1	\$OTHFMT				C Number of other plans - Jul
				11,889			0 No other plans
				768			1 1 other plan
				35			2 2 other plans
				5			3 3 other plans
				0			4 4 other plans
D_CARE8	47	1	\$MEDCOVG				C Medicare coverage - Aug
				514			0 No entitlement
				372			1 Part A only
				113			2 Part B only
				11,698			3 Both A and B
D_CAID8	48	1	\$SRC2FMT				C Source of Medicaid coverage status - Aug
				10,031			0 No entitlement
				391			1 Survey data only
				276			2 CMS administrative data only
				1,999			3 Both survey and administrative data
D_PHI8	49	1	\$PHIFMT				C Private health insurance coverage - Aug
				5,956			0 No entitlement
				3,063			1 Employer-sponsored insurance (ESI)
				2,871			2 Self-purchased
				546			3 Both ESI and self-purchased
				261			4 Facility respondent, type unknown
D_HMO8	50	1	\$HMOFMT				C HMO coverage - Aug
				10,282			0 No coverage
				815			1 Private coverage
				1,497			2 Medicare coverage
				103			3 Both Medicare and private coverage

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D_OTH8	51	1	\$OTHFMT				C Number of other plans - Aug
				11,893			0 No other plans
				778			1 1 other plan
				23			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
D_CARE9	52	1	\$MEDCOVG				C Medicare coverage - Sep
				534			0 No entitlement
				371			1 Part A only
				113			2 Part B only
				11,679			3 Both A and B
D_CAID9	53	1	\$SRC2FMT				C Source of Medicaid coverage status - Sep
				10,023			0 No entitlement
				388			1 Survey data only
				281			2 CMS administrative data only
				2,005			3 Both survey and administrative data
D_PHI9	54	1	\$PHIFMT				C Private health insurance coverage - Sep
				5,960			0 No entitlement
				3,071			1 Employer-sponsored insurance (ESI)
				2,854			2 Self-purchased
				544			3 Both ESI and self-purchased
				268			4 Facility respondent, type unknown
D_HMO9	55	1	\$HMOFMT				C HMO coverage - Sep
				10,290			0 No coverage
				814			1 Private coverage
				1,485			2 Medicare coverage
				108			3 Both Medicare and private coverage
D_OTH9	56	1	\$OTHFMT				C Number of other plans - Sep
				11,870			0 No other plans
				801			1 1 other plan
				22			2 2 other plans
				4			3 3 other plans
				0			4 4 other plans
D_CARE10	57	1	\$MEDCOVG				C Medicare coverage - Oct
				557			0 No entitlement
				364			1 Part A only
				114			2 Part B only
				11,662			3 Both A and B
D_CAID10	58	1	\$SRC2FMT				C Source of Medicaid coverage status - Oct
				10,020			0 No entitlement
				402			1 Survey data only
				289			2 CMS administrative data only
				1,986			3 Both survey and administrative data

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D_PHI10	59	1	\$PHIFMT				C Private health insurance coverage - Oct
				5,968			0 No entitlement
				3,094			1 Employer-sponsored insurance (ESI)
				2,813			2 Self-purchased
				554			3 Both ESI and self-purchased
				268			4 Facility respondent, type unknown
D_HMO10	60	1	\$HMOFMT				C HMO coverage - Oct
				10,286			0 No coverage
				820			1 Private coverage
				1,484			2 Medicare coverage
				107			3 Both Medicare and private coverage
D_OTH10	61	1	\$OTHFMT				C Number of other plans - Oct
				11,864			0 No other plans
				804			1 1 other plan
				26			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
D_CARE11	62	1	\$MEDCOVG				C Medicare coverage - Nov
				575			0 No entitlement
				365			1 Part A only
				113			2 Part B only
				11,644			3 Both A and B
D_CAID11	63	1	\$SRC2FMT				C Source of Medicaid coverage status - Nov
				10,014			0 No entitlement
				399			1 Survey data only
				307			2 CMS administrative data only
				1,977			3 Both survey and administrative data
D_PHI11	64	1	\$PHIFMT				C Private health insurance coverage - Nov
				6,091			0 No entitlement
				3,079			1 Employer-sponsored insurance (ESI)
				2,779			2 Self-purchased
				557			3 Both ESI and self-purchased
				191			4 Facility respondent, type unknown
D_HMO11	65	1	\$HMOFMT				C HMO coverage - Nov
				10,305			0 No coverage
				806			1 Private coverage
				1,481			2 Medicare coverage
				105			3 Both Medicare and private coverage
D_OTH11	66	1	\$OTHFMT				C Number of other plans - Nov
				11,889			0 No other plans
				780			1 1 other plan
				25			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans

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D_CARE12	67	1	\$MEDCOVG				C Medicare coverage - Dec
				603			0 No entitlement
				368			1 Part A only
				112			2 Part B only
				11,614			3 Both A and B
D_CAID12	68	1	\$SRC2FMT				C Source of Medicaid coverage status - Dec
				10,038			0 No entitlement
				429			1 Survey data only
				317			2 CMS administrative data only
				1,913			3 Both survey and administrative data
D_PHI12	69	1	\$PHIFMT				C Private health insurance coverage - Dec
				6,251			0 No entitlement
				3,040			1 Employer-sponsored insurance (ESI)
				2,761			2 Self-purchased
				537			3 Both ESI and self-purchased
				108			4 Facility respondent, type unknown
D_HMO12	70	1	\$HMOFMT				C HMO coverage - Dec
				10,331			0 No coverage
				784			1 Private coverage
				1,481			2 Medicare coverage
				101			3 Both Medicare and private coverage
D_OTH12	71	1	\$OTHFMT				C Number of other plans - Dec
				11,901			0 No other plans
				768			1 1 other plan
				24			2 2 other plans
				4			3 3 other plans
				0			4 4 other plans
D_CARE	72	1	\$MEDCOVG				C Annual Medicare coverage
				1			0 No entitlement
				366			1 Part A only
				114			2 Part B only
				12,216			3 Both A and B
D_CAID	73	1	\$SRC2FMT				C Source of annual Medicaid coverage
				9,751			0 No entitlement
				451			1 Survey data only
				283			2 CMS administrative data only
				2,212			3 Both survey and administrative data
D_PHI	74	1	\$PHIAFMT				C Annual private health insurance coverage
				5,427			0 No entitlement
				3,247			1 Employer-sponsored insurance (ESI)
				3,017			2 Self-purchased
				671			3 Both ESI and self-purchased
				234			4 Facility respondent, type unknown
				31			5 Both ESI and unknown (facil)
				56			6 Both self-purchased and unknown (facil)
				14			7 ESI, self-purchased and unknown (facil)

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D_HMO	75	1	\$HMOFMT				C HMO coverage for the year
				9,893			0 No coverage
				1,063			1 Private coverage
				1,502			2 Medicare coverage
				239			3 Both Medicare and private coverage
D_OTH	76	1	\$OTHFMT				C Number of other plans for the year
				11,718			0 No other plans
				887			1 1 other plan
				82			2 2 other plans
				9			3 3 other plans
				1			4 4 other plans
TOT_PREM	77	8	PREM_F				N Total health insurance premiums
				3,979			. Inapplicable
				2,146			0-100 \$100 or less
				892			100.01-500 \$101-\$500
				1,181			500.01-1000 \$501-\$1000
				1,975			1000.01-1500 \$1001-\$1500
				1,061			1500.01-2000 \$1501-\$2000
				675			2000.01-2500 \$2001-\$2500
				299			2500.01-3000 \$2501-\$3000
				158			3000.01-3500 \$3001-\$3500
				114			3500.01-4000 \$3501-\$4000
				71			4000.01-4500 \$4001-\$4500
				42			4500.01-5000 \$4501-\$5000
				104			5000.01-99999 Over \$5000

Note: See Notes for derivation

DRUGCAID	85	2	YES1FMT				N Medicaid prescription drug coverage
				10,819			. Inapplicable
				2			-9 Not ascertained
				29			-8 Don't know
				1,623			1 Yes
				224			2 No

Notes: Applies only if D_CAID is greater than zero.
First available in 1999

DRUGOTH	87	2	YES1FMT				N Other public plan pres drug cov
				11,773			. Inapplicable
				3			-9 Not ascertained
				9			-8 Don't know
				784			1 Yes
				128			2 No

Notes: Applies only if D_OTH is greater than zero.
First available in 1999

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D_RXOTH	89	2	RXPLFMT				N Other public plan pres drug cov - imp
				11,766			. Inapplicable
				752			1 Plan covers prescription drugs
				175			2 Plan does not cover prescription drugs
				4			3 Drug discount card
Notes: Applies only if D_OTH is greater than zero. First available in 2001							
D_INSOTH	91	2	INSPLFMT				N Other public plan insurance cov
				11,766			. Inapplicable
				393			1 General insurance
				10			2 Dental only
				1			3 Vision only
				2			4 LTC
				453			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				4			8 Cancer/dread disease
				68			9 Military/Other
Notes: Applies only if D_OTH is greater than zero. First available in 2001							
D_TYPPL1	93	2	PLANFMT		HI17		N Type of plan - Plan #1
				3,547			. Inapplicable
				3,303			1 Employer-sponsored insurance (ESI)
				2,994			2 Self-purchased
				214			3 Private unknown
				1,120			4 Private HMO
				1,519			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL1	95	8	DTE8FMT				N Date coverage began - plan #1
				3,547			. Inapplicable
				9,150			Date as YYYYMMDD
D_ENDPL1	103	8	DTE8FMT				N Date coverage ended - plan #1
				3,547			. Inapplicable
				9,150			Date as YYYYMMDD

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D_PHREL1	111	2	REL FMT				N Policy holder relationship - Plan #1
				4,412			. Inapplicable
				0			-5 Never ask again
				7,030			1 Sample person
				1,200			2 Spouse
				6			3 Son
				3			4 Daughter
				0			5 Brother
				1			6 Sister
				22			7 Father
				16			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				5			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				2			92 Other non-relative
D_COVNM1	113	2	COVG FMT				N # of family members covered by Plan #1
				4,412			. Inapplicable
				2			-9 Not ascertained
				12			-8 Don't know
				8,271			Number reported covered
D_COVRX1	115	2	YES1 FMT				N Does Plan #1 cover prescribed medicines?
				3,845			. Inapplicable
				5,655			1 Yes
				3,197			2 No
D_COVNH1	117	2	YES1 FMT				N Does Plan #1 cover stay in nursing home?
				3,845			. Inapplicable
				3			-9 Not ascertained
				2,210			-8 Don't know
				4			-7 Refused
				1,558			1 Yes
				5,077			2 No
D_PAYSP1	119	2	PAYSP FMT				N MIP pay any/all cost for Plan #1
				3,845			. Inapplicable
				2			-9 Not ascertained
				123			-8 Don't know
				5,532			1 Yes
				2,292			2 No
				903			3 Yes, but don't know how much

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D_ANAMT1	121	8	PREM_F				N Premium MIP pays for Plan #1-Annualized
				4,873			. Inapplicable
				2,555			0-100 \$100 or less
				980			100.01-500 \$101-\$500
				1,155			500.01-1000 \$501-\$1000
				1,150			1000.01-1500 \$1001-\$1500
				815			1500.01-2000 \$1501-\$2000
				468			2000.01-2500 \$2001-\$2500
				253			2500.01-3000 \$2501-\$3000
				134			3000.01-3500 \$3001-\$3500
				104			3500.01-4000 \$3501-\$4000
				60			4000.01-4500 \$4001-\$4500
				43			4500.01-5000 \$4501-\$5000
				107			5000.01-99999 Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1	129	2	YES1FMT		HI25		N Is Plan #1 an HMO
				5,933			. Inapplicable
				14			-9 Not ascertained
				104			-8 Don't know
				465			1 Yes
				6,181			2 No
D_PLNUM1	131	5					C Medicare HMO code or other plan code #1
D_OBTNP1	136	2	MIPFMT				N How did MIP get Plan #1
				5,931			. Inapplicable
				2			-9 Not ascertained
				48			-8 Don't know
				1			-7 Refused
				2,709			1 Directly
				530			2 Main insured person's current employer
				2,657			3 Main insured person's prior employer
				89			4 Union
				38			5 Family business
				248			6 AARP
				376			7 Deceased spouse's employer
				12			8 Deceased spouse's union
				24			9 Fraternal/professional organization
				32			91 Other

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	138	2	\$IND1COD				C Industry of employer - Plan #1
				8,882			Inapplicable
				2			-7 Refused
				2			-8 Don't know
				31			-9 Not ascertained
				0			A Agriculture, forestry, and fishing
				19			B Mining
				15			C Construction
				30			D Manufacturing
				3			E Transportation and public utilities
				1			F Wholesale trade
				4			G Retail trade
				1			H Finance, insurance, and real estate
				2			I Services
				59			J Public administration
				63			K Nonclassifiable establishments
				2			01 Agricultural production - crops
				5			02 Agricultural production - livestock
				8			07 Agricultural services
				9			08 Forestry
				3			09 Fishing, hunting, and trapping
				4			10 Metal mining
				19			12 Coal mining
				17			13 Oil and gas extraction
				1			14 Nonmetallic minerals, except fuels
				10			15 General building contractors
				10			16 Heavy construction, excluding building
				43			17 Special trade contractors
				69			20 Food and kindred products
				4			21 Tobacco products
				36			22 Textile mill products
				20			23 Apparel and other textile products
				17			24 Lumber and wood products
				14			25 Furniture and fixtures
				28			26 Paper and allied products
				25			27 Printing and publishing
				123			28 Chemicals and allied products
				68			29 Petroleum and coal products
				31			30 Rubber and misc. plastics products
				1			31 Leather and leather products
				23			32 Stone, clay, and glass products
				117			33 Primary metal industries
				43			34 Fabricated metal products
				73			35 Industrial machinery and equipment
				75			36 Electronic & other electric equipment
				253			37 Transportation equipment
				34			38 Instruments and related products
				0			39 Miscellaneous manufacturing industries
				42			40 Railroad transportation
				18			41 Local and interurban passenger transit
				25			42 Trucking and warehousing
				129			43 U.S. Postal Service
				9			44 Water transportation
				16			45 Transportation by air
				0			46 Pipelines, except natural gas
				1			47 Transportation services
				141			48 Communications
				89			49 Electric, gas, and sanitary services
				15			50 Wholesale trade - durable goods
				14			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				44			53 General merchandise stores
				25			54 Food stores

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label

				10			55 Automotive dealers & service stations
				4			56 Apparel and accessory stores
				3			57 Furniture and home furnishings stores
				15			58 Eating and drinking places
				14			59 Miscellaneous retail
				44			60 Depository institutions
				2			61 Nondepository institutions
				7			62 Security and commodity brokers
				80			63 Insurance carriers
				1			64 Insurance agents, brokers, and services
				10			65 Real estate
				0			67 Holding and other investment offices
				7			70 Hotels and other lodging places
				8			72 Personal services
				28			73 Business services
				6			75 Auto repair, services, and parking
				3			76 Miscellaneous repair services
				6			78 Motion pictures
				15			79 Amusement & recreation services
				143			80 Health services
				10			81 Legal services
				517			82 Educational services
				3			83 Social services
				3			84 Museums, botanical, zoological gardens
				75			86 Membership organizations
				46			87 Engineering & management services
				0			88 Private households
				1			89 Services, nec
				440			91 Executive, legislative, and general
				90			92 Justice, public order, and safety
				11			93 Finance, taxation, & monetary policy
				38			94 Administration of Human Resources
				4			95 Environmental quality and housing
				15			96 Administration of economic programs
				168			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

Note: Applies only if D_OBTNP1 = 2, 3, 5, or 8

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PLLTR1	140	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter -Pla
				11,906			Inapplicable
				81			-8 Don't know
				46			A Plan A
				49			B Plan B
				155			C Plan C
				48			D Plan D
				19			E Plan E
				285			F Plan F
				16			G Plan G
				16			H Plan H
				16			I Plan I
				42			J Plan J
				0			K Plan K
				0			L Plan L
				4			M Plan M
				1			N Plan N
				6			P Plan P
				0			Q Plan Q
				1			R Plan R
				3			S Plan S
				1			X Plan X
				0			Y Plan Y
				0			0 Plan 0
				2			1 Plan 1
				0			3 Plan 3
				0			8 Plan 8
				0			99 SP reports plan does not have a letter

Notes: Applies only if INTERVU = C and D_OBTNP1 = 1, 5, or 6
First available in 1999

D_TRI1	142	2	YES1FMT				N Is Plan #1 TRICARE?
				9,394			. Inapplicable
				180			1 Yes
				3,123			2 No
D_INS1	144	2	INSPLFMT				N Insurance coverage Plan #1
				6,400			. Inapplicable
				6,110			1 General insurance
				57			2 Dental only
				0			3 Vision only
				42			4 LTC
				74			5 Rx only
				1			6 Dental/Vision
				2			7 Life insurance
				3			8 Cancer/dread disease
				8			9 Military/Other

Notes: Applies only if D_TYPL1 = 1 or 2
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_RX1	146	2	RXPLFMT				N Drug coverage Plan #1
				6,400			. Inapplicable
				2,955			1 Plan covers prescription drugs
				3,155			2 Plan does not cover prescription drugs
				187			3 Drug discount card
Notes: Applies only if D_TYPL1 = 1 or 2							
First available in 2001							
D_TYPL2	148	2	PLANFMT		HI17		N Type of plan - Plan #2
				8,803			. Inapplicable
				1,508			1 Employer-sponsored insurance (ESI)
				1,573			2 Self-purchased
				79			3 Private unknown
				361			4 Private HMO
				373			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL2	150	8	DTE8FMT				N Date coverage began - plan #2
				8,803			. Inapplicable
				3,894			Date as YYYYMMDD
D_ENDPL2	158	8	DTE8FMT				N Date coverage ended - plan #2
				8,803			. Inapplicable
				3,894			Date as YYYYMMDD
D_PHREL2	166	2	RELFMT				N Policy holder relationship - Plan #2
				9,065			. Inapplicable
				0			-5 Never ask again
				2,975			1 Sample person
				639			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				1			6 Sister
				6			7 Father
				2			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				1			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				5			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				3			91 Other relative
				0			92 Other non-relative

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM2	168	2	COVGFMT				N # of family members covered by Plan #2
				9,065			. Inapplicable
				6			-9 Not ascertained
				14			-8 Don't know
				3,612			Number reported covered
D_COVRX2	170	2	YES1FMT				N Does Plan #2 cover prescribed medicines?
				8,918			. Inapplicable
				1,856			1 Yes
				1,923			2 No
D_COVNH2	172	2	YES1FMT				N Does Plan #2 cover stay in nursing home?
				8,918			. Inapplicable
				4			-9 Not ascertained
				595			-8 Don't know
				1			-7 Refused
				851			1 Yes
				2,328			2 No
D_PAYSP2	174	2	PAYSPFMT				N MIP pay any/all cost for Plan #2
				8,918			. Inapplicable
				1			-9 Not ascertained
				77			-8 Don't know
				2,149			1 Yes
				1,179			2 No
				373			3 Yes, but don't know how much
D_ANAMT2	176	8	PREM_F				N Premium MIP pays for Plan #2-Annualized
				9,369			. Inapplicable
				1,381			0-100 \$100 or less
				559			100.01-500 \$101-\$500
				591			500.01-1000 \$501-\$1000
				368			1000.01-1500 \$1001-\$1500
				212			1500.01-2000 \$1501-\$2000
				74			2000.01-2500 \$2001-\$2500
				60			2500.01-3000 \$2501-\$3000
				30			3000.01-3500 \$3001-\$3500
				22			3500.01-4000 \$3501-\$4000
				7			4000.01-4500 \$4001-\$4500
				6			4500.01-5000 \$4501-\$5000
				18			5000.01-99999 Over \$5000
Note: Applies only if D_PAYSP2 = 1							
D_HMOPL2	184	2	YES1FMT		HI25		N Is Plan #2 an HMO
				9,440			. Inapplicable
				6			-9 Not ascertained
				45			-8 Don't know
				180			1 Yes
				3,026			2 No
D_PLNUM2	186	5					C Medicare HMO code or other plan code #2

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D_RX2	201	2	RXPLFMT				N Drug coverage Plan #2
				9,616			. Inapplicable
				1,101			1 Plan covers prescription drugs
				1,857			2 Plan does not cover prescription drugs
				123			3 Drug discount card
Notes: Applies only if D_TYPL2 = 1 or 2							
First available in 2001							
D_TYPL3	203	2	PLANFMT		HI17		N Type of plan - Plan #3
				11,229			. Inapplicable
				726			1 Employer-sponsored insurance (ESI)
				508			2 Self-purchased
				29			3 Private unknown
				131			4 Private HMO
				74			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL3	205	8	DTE8FMT				N Date coverage began - plan #3
				11,229			. Inapplicable
				1,468			Date as YYYYMMDD
D_ENDPL3	213	8	DTE8FMT				N Date coverage ended - plan #3
				11,229			. Inapplicable
				1,468			Date as YYYYMMDD
D_PHREL3	221	2	RELFMT				N Policy holder relationship - Plan #3
				11,320			. Inapplicable
				0			-5 Never ask again
				1,049			1 Sample person
				322			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				3			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				3			91 Other relative
				0			92 Other non-relative

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM3	223	2	COVGFMT				N # of family members covered by Plan #3
				11,320			. Inapplicable
				8			-9 Not ascertained
				9			-8 Don't know
				1,360			Number reported covered
D_COVRX3	225	2	YES1FMT				N Does Plan #3 cover prescribed medicines?
				11,287			. Inapplicable
				741			1 Yes
				669			2 No
D_COVNH3	227	2	YES1FMT				N Does Plan #3 cover stay in nursing home?
				11,287			. Inapplicable
				1			-9 Not ascertained
				161			-8 Don't know
				259			1 Yes
				989			2 No
D_PAYSP3	229	2	PAYSPFMT				N MIP pay any/all cost for Plan #3
				11,287			. Inapplicable
				2			-9 Not ascertained
				30			-8 Don't know
				633			1 Yes
				595			2 No
				150			3 Yes, but don't know how much
D_ANAMT3	231	8	PREM_F				N Premium MIP pays for Plan #3-Annualized
				11,469			. Inapplicable
				694			0-100 \$100 or less
				205			100.01-500 \$101-\$500
				157			500.01-1000 \$501-\$1000
				67			1000.01-1500 \$1001-\$1500
				32			1500.01-2000 \$1501-\$2000
				32			2000.01-2500 \$2001-\$2500
				15			2500.01-3000 \$2501-\$3000
				4			3000.01-3500 \$3001-\$3500
				9			3500.01-4000 \$3501-\$4000
				5			4000.01-4500 \$4001-\$4500
				4			4500.01-5000 \$4501-\$5000
				4			5000.01-99999 Over \$5000
Note: Applies only if D_PAYSP3 = 1							
D_HMOPL3	239	2	YES1FMT		HI25		N Is Plan #3 an HMO
				11,395			. Inapplicable
				8			-9 Not ascertained
				14			-8 Don't know
				69			1 Yes
				1,211			2 No
D_PLNUM3	241	5					C Medicare HMO code or other plan code #3

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_RX3	256	2	RXPLFMT				N Drug coverage Plan #3
				11,463			. Inapplicable
				535			1 Plan covers prescription drugs
				658			2 Plan does not cover prescription drugs
				41			3 Drug discount card
Notes: Applies only if D_TYPL3 = 1 or 2							
First available in 2001							
D_TYPL4	258	2	PLANFMT		HI17		N Type of plan - Plan #4
				12,245			. Inapplicable
				255			1 Employer-sponsored insurance (ESI)
				127			2 Self-purchased
				10			3 Private unknown
				41			4 Private HMO
				19			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL4	260	8	DTE8FMT				N Date coverage began - plan #4
				12,245			. Inapplicable
				452			Date as YYYYMMDD
D_ENDPL4	268	8	DTE8FMT				N Date coverage ended - plan #4
				12,245			. Inapplicable
				452			Date as YYYYMMDD
D_PHREL4	276	2	RELFMT				N Policy holder relationship - Plan #4
				12,274			. Inapplicable
				0			-5 Never ask again
				304			1 Sample person
				112			2 Spouse
				1			3 Son
				1			4 Daughter
				0			5 Brother
				0			6 Sister
				2			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				3			91 Other relative
				0			92 Other non-relative

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM4	278	2	COVGFMT				N # of family members covered by Plan #4
				12,274			. Inapplicable
				2			-9 Not ascertained
				6			-8 Don't know
				415			Number reported covered
D_COVRX4	280	2	YES1FMT				N Does Plan #4 cover prescribed medicines?
				12,265			. Inapplicable
				237			1 Yes
				195			2 No
D_COVNH4	282	2	YES1FMT				N Does Plan #4 cover stay in nursing home?
				12,265			. Inapplicable
				2			-9 Not ascertained
				39			-8 Don't know
				58			1 Yes
				333			2 No
D_PAYSP4	284	2	PAYSPFMT				N MIP pay any/all cost for Plan #4
				12,265			. Inapplicable
				2			-9 Not ascertained
				12			-8 Don't know
				167			1 Yes
				210			2 No
				41			3 Yes, but don't know how much
D_ANAMT4	286	8	PREM_F				N Premium MIP pays for Plan #4-Annualized
				12,320			. Inapplicable
				243			0-100 \$100 or less
				66			100.01-500 \$101-\$500
				34			500.01-1000 \$501-\$1000
				15			1000.01-1500 \$1001-\$1500
				6			1500.01-2000 \$1501-\$2000
				4			2000.01-2500 \$2001-\$2500
				4			2500.01-3000 \$2501-\$3000
				5			3000.01-3500 \$3001-\$3500
				0			3500.01-4000 \$3501-\$4000
				0			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
				0			5000.01-99999 Over \$5000
Note: Applies only if D_PAYSP4 = 1							
D_HMOPL4	294	2	YES1FMT		HI25		N Is Plan #4 an HMO
				12,293			. Inapplicable
				3			-9 Not ascertained
				5			-8 Don't know
				22			1 Yes
				374			2 No
D_PLNUM4	296	5					C Medicare HMO code or other plan code #4

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_RX4	311	2	RXPLFMT				N Drug coverage Plan #4
				12,315			. Inapplicable
				176			1 Plan covers prescription drugs
				197			2 Plan does not cover prescription drugs
				9			3 Drug discount card
Notes: Applies only if D_TYPL4 = 1 or 2							
First available in 2001							
D_TYPL5	313	2	PLANFMT		HI17		N Type of plan - Plan #5
				12,564			. Inapplicable
				81			1 Employer-sponsored insurance (ESI)
				28			2 Self-purchased
				4			3 Private unknown
				13			4 Private HMO
				7			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL5	315	8	DTE8FMT				N Date coverage began - plan #5
				12,564			. Inapplicable
				133			Date as YYYYMMDD
D_ENDPL5	323	8	DTE8FMT				N Date coverage ended - plan #5
				12,564			. Inapplicable
				133			Date as YYYYMMDD
D_PHREL5	331	2	RELFMT				N Policy holder relationship - Plan #5
				12,576			. Inapplicable
				0			-5 Never ask again
				88			1 Sample person
				33			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

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D_COVNM5	333	2	COVGFMT				N # of family members covered by Plan #5
				12,576			. Inapplicable
				3			-8 Don't know
				118			Number reported covered
D_COVRX5	335	2	YES1FMT				N Does Plan #5 cover prescribed medicines?
				12,573			. Inapplicable
				67			1 Yes
				57			2 No
D_COVNH5	337	2	YES1FMT				N Does Plan #5 cover stay in nursing home?
				12,573			. Inapplicable
				7			-8 Don't know
				15			1 Yes
				102			2 No
D_PAYSP5	339	2	PAYSPFMT				N MIP pay any/all cost for Plan #5
				12,573			. Inapplicable
				6			-8 Don't know
				39			1 Yes
				66			2 No
				13			3 Yes, but don't know how much
D_ANAMT5	341	8	PREM_F				N Premium MIP pays for Plan #5-Annualized
				12,592			. Inapplicable
				74			0-100 \$100 or less
				13			100.01-500 \$101-\$500
				8			500.01-1000 \$501-\$1000
				4			1000.01-1500 \$1001-\$1500
				1			1500.01-2000 \$1501-\$2000
				2			2000.01-2500 \$2001-\$2500
				0			2500.01-3000 \$2501-\$3000
				0			3000.01-3500 \$3001-\$3500
				0			3500.01-4000 \$3501-\$4000
				0			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
				3			5000.01-99999 Over \$5000
Note: Applies only if D_PAYSP5 = 1							
D_HMOPL5	349	2	YES1FMT		HI25		N Is Plan #5 an HMO
				12,583			. Inapplicable
				1			-9 Not ascertained
				1			-8 Don't know
				5			1 Yes
				107			2 No
D_PLNUM5	351	5					C Medicare HMO code or other plan code #5

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